

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90119 017 ***150.00

DOCUMENT # G31731

1. Entity Name
PERFORMANCE AIR OF SOUTHWEST FLORIDA, INC.



Principal Place of Business
5871 COUNTRY LAKES DR
FORT MYERS FL 33905-5504

Mailing Address
5871 COUNTRY LAKES DR
FORT MYERS FL 33905-5504

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2268032**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EDWARDS, JAMES E
705 HENRY AVENUE
LEHIGH ACRES FL 33936

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	☐ Delete
NAME	EDWARDS, JAMES D	
STREET ADDRESS	705 HENRY AVE	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE	V	☐ Delete
NAME	BEVIS, NEIL	
STREET ADDRESS	3276 62 ND AVE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	S	☐ Delete
NAME	EDWARDS, DEBRA A	
STREET ADDRESS	705 HENRY AVE	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE	T	☐ Delete
NAME	BEVIS, CAROL	
STREET ADDRESS	3276 62ND AVE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James D. Edwards
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James D. Edwards / 3-24-03 (239) 334-0337

Date

Daytime Phone #

CR2E034 (10/02)